

**Testimony of Jeffrey Walter, Rushford
March 12, 2013**

In Favor of:

H.B. No. 6612: 'AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS'

S.B. No. 1088: AN ACT ESTABLISHING A TASK FORCE TO STUDY ADVERSE DETERMINATIONS BY HEALTH CARRIERS FOR THE TREATMENT OF MENTAL DISORDERS

S.B. No. 1089: AN ACT CONCERNING THE QUALIFICATIONS OF CLINICAL PEERS FOR ADVERSE DETERMINATION REVIEWS

S.B. No. 1090: AN ACT DECREASING THE TIME FRAME FOR CERTAIN ADVERSE DETERMINATION GRIEVANCES

Good afternoon, Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. My name is Jeffrey Walter. I am President and CEO of Rushford Center, a non-profit behavioral health organization and partner in the Hartford HealthCare system.

I am here to support Bills 6612, 1088, 1089 and 1090, which offer either improvements in the utilization review process or studies to better understand the impacts of current insurance practice on access to needed services. The legislation is urgently needed for consumers of behavioral health care services, given the disproportionately large number of complaints received annually by the Office of the Health Care Advocate, specifically with regard to lack of access to mental health and substance use disorder services. Both state and federal parity laws establish and protect the rights of policy holders to receive behavioral health services offered in their health plan on an equal basis to other health care benefits. Unfortunately, the every day practice of many health plans and UR companies serves to undermine these rights on a routine basis.

Bill 6612 addresses several long-standing problems faced by consumers and providers with regard to insurance companies' review of medical necessity for health care services, including services for substance use and mental disorders. The bill defines behavioral health services as, de facto, urgent care; requires health insurance reviewers to respond within 24 hours to requests for services; establishes clear grievance procedures; requires clinical peer review of adverse medical necessity decisions; and requires insurance companies to use nationally and state- recognized standards for clinical review practice.

I am particularly happy to see legislation that requires insurance companies to employ physicians in their utilization review process who have established credentials, specific to the sub-specialty that they are reviewing, such as adolescent psychiatry and substance use disorder treatment. With regard to Bill 1088, I would ask the committee to consider adding to the proposed study a review of substance use disorders, in addition to mental disorders.

I thank you for considering these important pieces of legislation.

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